

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			1-12-20
FORMALITY REVIEW	KW		9/19/05
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	2
2	3
3	4
4	5
5	6
6	7
7	8
8	9
9	10
10	11
11	12
12	13
13	14
14	15
15	16
16	17
17	18
18	19
19	20
20	21
21	22
22	23
23	24
24	25
25	26
26	27
27	28
28	29
29	30
30	31
31	32
32	33
33	34
34	35
35	36
36	37
37	38
38	39
39	40
40	41
41	42
42	43
43	44
44	45
45	46
46	47
47	48
48	49
49	50

Claim	Date
Final	Original
51	52
52	53
53	54
54	55
55	56
56	57
57	58
58	59
59	60
60	61
61	62
62	63
63	64
64	65
65	66
66	67
67	68
68	69
69	70
70	71
71	72
72	73
73	74
74	75
75	76
76	77
77	78
78	79
79	80
80	81
81	82
82	83
83	84
84	85
85	86
86	87
87	88
88	89
89	90
90	91
91	92
92	93
93	94
94	95
95	96
96	97
97	98
98	99
99	100

Claim	Date
Final	Original
101	102
102	103
103	104
104	105
105	106
106	107
107	108
108	109
109	110
110	111
111	112
112	113
113	114
114	115
115	116
116	117
117	118
118	119
119	120
120	121
121	122
122	123
123	124
124	125
125	126
126	127
127	128
128	129
129	130
130	131
131	132
132	133
133	134
134	135
135	136
136	137
137	138
138	139
139	140
140	141
141	142
142	143
143	144
144	145
145	146
146	147
147	148
148	149
149	150

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)